MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2	1		1					52						
3	1							53						
4		3						54						
5		3						55						
6		3						56						
7		3						57						
8		3						58						
9		3						59						
10		3						60						
11		1						61						
12		1						62						
13		1						63						
14		1						64						
15		2						65						
16		1						66						
17								67						
18	1							68						
19	1							69						
20	1							70						
21	1							71						
22		3						72						
23		2						73						
24		2						74						
25		3						75						
26		3						76						
27		3						77						
28		3						78						
29		2						79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35				1				85						
36				1				86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			11					TOTAL IND.						
TOTAL DEP.			27					TOTAL DEP.						
TOTAL CLAIMS			38					TOTAL CLAIMS						